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CONFIRMATION NO. 5066

|  |   |   |   |                                     |                           |                                |
|--|---|---|---|-------------------------------------|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/726,574   | <b>FILING or 371(c) DATE</b><br>12/04/2003<br><b>RULE</b>   | <b>CLASS</b><br>800   | <b>GROUP ART UNIT</b><br>1661   | <b>ATTORNEY DOCKET NO.</b><br>48679 |                           |                                |
| <b>APPLICANTS</b><br>Shihe Fan, Edmonton, CANADA;<br>Steven Charles Grossnickle, North Saanich, CANADA;<br>Marlies Rise, Victoria, CANADA;<br>Stephen M. Attree, Victoria, CANADA;<br>Raymund Folk, Sidney, CANADA;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>03/03/2004 |   |   |   |                                     |                           |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/ANNETTE H PARA/</u><br>Examiner's Signature  |   | <input type="checkbox"/> Met after Allowance<br>AHP<br>Initials | <b>STATE OR COUNTRY</b><br>CANADA   | <b>SHEETS DRAWINGS</b><br>2         | <b>TOTAL CLAIMS</b><br>44 | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>KIRBY EADES GALE BAKER<br>BOX 3432, STATION D<br>OTTAWA, ON K1P 6N9<br>CANADA  |   |   |   |                                     |                           |                                |
| <b>TITLE</b><br>Method of ex vitro sowing, germination, growth and conversion of plant somatic embryos or germinants.  |   |   |   |                                     |                           |                                |
| <b>FILING FEE RECEIVED</b><br>1332   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                     |                           |                                |